

STATE OF NEVADA

BRIAN SANDOVAL  
Governor

RICHARD WHITLEY, MS  
Director



CODY PHINNEY  
Administrator

TRACEY D. GREEN, MD  
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

**COMPLAINT FORM**

**Complainant**

DO YOU WANT TO REMAIN ANONYMOUS? YES NO

FIRST NAME:  LAST NAME:

STREET ADDRESS:  APT:

CITY:  STATE:  ZIP:

RELATIONSHIP TO PATIENT: SELF: FAMILY: FRIEND: FACILITY STAFF: OTHER:

**CONTACT INFORMATION**

DAYTIME PHONE: -- CELL: -- WORK: --

EMAIL:

**Patient/Resident/Client**

FIRST NAME:  LAST NAME:  DOB:

STREET ADDRESS:  APT:

CITY:  STATE:  ZIP:

**CONTACT INFORMATION**

DAYTIME PHONE: -- CELL: -- WORK: --

EMAIL:

## **FACILITY INFORMATION**

### **1<sup>ST</sup> FACILITY**

NAME OF FACILITY:  LICENSE NUMBER:

PHONE: -- STREET ADDRESS:

CITY:  STATE:  ZIP:

UNIT/FLOOR/ROOM/HALL:  (IF KNOWN) ADMITTED ON:  DISCHARGED ON:

IS THE PATIENT/RESIDENT/CLIENT STILL IN THE FACILITY? YES NO

### **2<sup>ND</sup> FACILITY**

NAME OF FACILITY:  LICENSE NUMBER:

PHONE: -- STREET ADDRESS:

CITY:  STATE:  ZIP:

UNIT/FLOOR/ROOM/HALL:  (IF KNOWN) ADMITTED ON:  DISCHARGED ON:

IS THE PATIENT/RESIDENT/CLIENT STILL IN THE FACILITY? YES NO

## **Complaint Information**

PLEASE PROVIDE SPECIFIC DETAILS OF YOUR COMPLAINT

HAS THE FACILITY TRIED TO ADDRESS THE SITUATION? YES NO

HAS ANY OTHER AGENCY (OMBUDSMAN, EPS, POLICE, ETC.) BEEN CONTACTED? YES NO

HAVE YOU TAKEN ANY ACTIONS? YES NO

IF YES WHAT HAS BEEN DONE?

HAS ANYONE AT THE FACILITY TRIED TO ADDRESS THE SITUATION? YES NO

IF YES HOW?

HAS THIS HAPPENED BEFORE TO THE SAME INDIVIDUAL, OR TO OTHERS? YES NO

IF YES PLEASE PROVIDE DETAILS *(IF POSSIBLE)*

OTHER PERTINENT INFORMATION

DO YOU WISH TO BE NOTIFIED OF THE RESULTS: YES NO

**SUBMIT**